

Business Credential Application

Remit to:
 State of Wisconsin
 Department of Commerce-Credentialing
 P.O. Box 78780
 Milwaukee WI 53293-0780
 Phone (608) 261-8500
 TDD #: (608) 264-8777
 7:45 a.m. - 4:30 p.m.

**THE CREDENTIAL WILL NOT BE
PROCESSED UNLESS YOU :**

- A. Sign and date this form;
- B. Submit a complete application with all blanks filled in or marked non-applicable;
- C. Attach the specified fee; and
- D. Attach documents if specified on this application.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

Instructions: Please review the pre-printed information in the boxed portions of this application. Clearly print corrections or new information where needed. Please use a color of ink other than black. **Be certain to sign and date the application.** The contact person for a business credential must be the owner of the business, a partner applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of a corporation. The business FEIN number or contact person social security number is mandatory information. **Make a photocopy of the completed application for your records.**

By signing below, the contact person swears that all information provided on this application is true, accurate and that the credential requirements are met. **Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31-19.39 stats. Social security numbers are required when applying for a license according to Wisconsin Stats. But they may not be disclosed to anyone except other State of Wisconsin governmental agencies.**

| Contact Person's Signature | Date (mo/day/yr) | Contact Person's Title | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------------|------------------------|--|--|----------------|--|----------------------------|--|---|--|---------------------------------------|--|---|--|---|--|--|--|---|--|---|-----------------------------------|--|--------------------------------------|--|---|--|---|--|---|--|---------------------------------------|--|---|--|---|--|--------------------------------------|--|--|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Business Information</td> <td style="width: 70%;"></td> </tr> <tr> <td>Federal Employer Identification Number (FEIN):</td> <td></td> </tr> <tr> <td>Business Name:</td> <td></td> </tr> <tr> <td>No. & Street, or P.O. Box:</td> <td></td> </tr> <tr> <td>City, Town or Village, State, Zip + 4 Code:</td> <td></td> </tr> <tr> <td>Country, If Other Than United States:</td> <td></td> </tr> <tr> <td>Business Telephone No. (include area code):</td> <td></td> </tr> <tr> <td>If Available, Business Fax No. (include area code):</td> <td></td> </tr> <tr> <td>If Available, Business Internet Address:</td> <td></td> </tr> <tr> <td colspan="2">We are going to put phone numbers in the lists of businesses on our website. If you do not want your phone number listed, please let us know.</td> </tr> </table> | Business Information | | Federal Employer Identification Number (FEIN): | | Business Name: | | No. & Street, or P.O. Box: | | City, Town or Village, State, Zip + 4 Code: | | Country, If Other Than United States: | | Business Telephone No. (include area code): | | If Available, Business Fax No. (include area code): | | If Available, Business Internet Address: | | We are going to put phone numbers in the lists of businesses on our website. If you do not want your phone number listed, please let us know. | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Contact Person Information</td> <td style="width: 70%;"></td> </tr> <tr> <td>Contact Person's Social Security No:</td> <td></td> </tr> <tr> <td>Contact Person's Name (First, Middle and Last):</td> <td></td> </tr> <tr> <td>Home Address No. & Street, or P.O. Box:</td> <td></td> </tr> <tr> <td>City, Town or Village, State, Zip + 4 Code:</td> <td></td> </tr> <tr> <td>Country, If Other Than United States:</td> <td></td> </tr> <tr> <td>Home Telephone No. (include area code):</td> <td></td> </tr> <tr> <td>If Available, Home Fax No. (include area code):</td> <td></td> </tr> <tr> <td>If Available, Home Internet Address:</td> <td></td> </tr> </table> | Contact Person Information | | Contact Person's Social Security No: | | Contact Person's Name (First, Middle and Last): | | Home Address No. & Street, or P.O. Box: | | City, Town or Village, State, Zip + 4 Code: | | Country, If Other Than United States: | | Home Telephone No. (include area code): | | If Available, Home Fax No. (include area code): | | If Available, Home Internet Address: | | |
| Business Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Federal Employer Identification Number (FEIN): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No. & Street, or P.O. Box: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City, Town or Village, State, Zip + 4 Code: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Contact Person Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Person's Social Security No: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Person's Name (First, Middle and Last): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Address No. & Street, or P.O. Box: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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MANUFACTURED HOME MANUFACTURERS LICENSE

Application and Credential Fee (nonrefundable): \$910.00

class code 8256

Make checks payable to: Department of Commerce. The fee consists of a \$10 application fee and a credential fee of \$900. The \$900 credential fee has been prorated because the credential expires on a specific date. The credential will be effective for 4 years from

December 31st. Office location: 201 W. Washington Ave, Madison. Mailing address: PO Box 7082, Madison, WI 53707.

Reason for Credential: Pursuant s. 101.92 (2), Stats., no manufacturer of manufactured homes or mobile homes may sell or distribute for sale manufactured homes or mobile homes unless the manufacturer holds a credential issued by the department as a licensed manufactured home/mobile home seller. A manufactured home/mobile home seller license shall be required for each manufacturing plant which manufactures homes to be sold or distributed for sale in the state.

Please note that dealers and distributors of manufactured or mobile homes are required to hold a Manufactured Home Dealer license issued by the Wisconsin Department of Commerce, Division of Safety and Buildings @ (608) 264-9596 or (608) 264-9597. Please make sure all of your dealers and distributors have this license.

Please be aware that manufacturers must comply with the rules of the Federal Department of Housing and Urban Development pertaining to the construction of manufactured or mobile homes. For further information on federal rules call HUD @ (202) 755-7430.